

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

\$52.50
W

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: Tri County Salt and Service

BUSINESS STREET ADDRESS: 5087 SW 82nd Ave ZIP 33328

BUSINESS MAILING ADDRESS: Same ZIP _____

BUSINESS PHONE: 954 985-9800

DESCRIBE TYPE OF BUSINESS: Salt Delivery


BUSINESS IS: Corporation ☒ DBA Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. John Ladue	5087 SW 82nd Ave		
2. John Ladue	3701 NW 72 nd Ave Hollywood	33024	954 214-3608

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, _____, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

John Ladue Pres.	
Print Owner or Officers Name and Title	Signature of Owner or Officer

Office Use Only: Date <u>3/22/01</u>		Category <u>07300</u>		Fee Exempt per Sec. 13-13 _____	
License # <u>61-14956</u>		Control # <u>12569</u>		Fee <u>52.50</u> Rec# _____	
Council approval Required _____		Yes _____ No _____		Zoning _____	
Town Council Date _____		Approved _____		Denied _____	
Tabled To _____		Approved _____		Denied _____	
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____					

Revised 10-20-00